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ABSTRACT

This study compared mental health and developmental service use by 89 young children under the age of six in either foster or kinship care (care by family members other than the biological parents). The study specifically compared usage of: (1) services in the specialty mental health sector; (2) services in the specialty developmental sector; and (3) mental health and developmental services in the medical sector. A new instrument, The Young Kids Early Services Assessment, was used. Results indicated that young children in foster care were more likely than young children in kinship care to have received specialty mental health services, but that placement status was substantially but not significantly related to the use of specialty developmental services and use of mental health and developmental services in the medical sector. (Contains 18 references.) (DB)

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Service Utilization by Young Children in Out-of-Home Placement

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Introduction

Children in out-of-home placement constitute a large and rapidly growing segment of the population. In 1993, 657,000 children were in foster care in the United States. This is an increase of about two-thirds from a decade earlier (Children's Defense Fund, 1996).

Research has documented a high level of need for mental health services among children in foster care. Studies have shown that rates of psychological disturbance among foster children range from almost 50% to 80% (Thompson & Fuhr, 1992; Swire & Kavaler, 1977; McIntyre & Keesler, 1986; Hochstadt, Jaudes, Zimo, & Schachter, 1987). These rates are much higher than those found among general community samples (Costello, et al., 1988; Zahner, Pawelkiewicz, DeFrancesco, & Adnopoz, 1992). Significant developmental delays have also been documented among young children in out-of-home placement. Studies have shown rates of developmental problems among foster children ranging from 33% to 53% (Hochstadt, et al., 1987; Horowitz, Simms, & Farrington, 1994; Klee, Kronstadt, & Zlotnick, 1997).

Recent studies have found rates of mental health service use among foster children to range from 25% to 56% (Halfon, Berkowitz, & Klee, 1992; Trupin, Tarico, Low, Jemelka, & McClellan, 1993; Takayama, Bergman, & Connell, 1994; Garland, Landsverk, Hough, & Ellis-MacLeod, 1996). Despite these high levels of utilization, there may be substantial unmet need for

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mental health and developmental services among this population (Halfon, et al., 1992; Trupin, et al., 1993; Takayama, et al., 1994).

Previous studies of service use among foster children have focused primarily on school-age children and adolescents. However, young children account for a large proportion of children in out-of-home placement. In 1994, 27% of maltreated children were 3 years old or younger, and nearly 20% were 4 to 6 years old (U.S. Department of Health and Human Services, 1996).

Studies of mental health service utilization by children in out-of-home-placement have also focused on youth in foster care. Less attention has been paid to children who are being cared for by family members other than their biological parents (kinship care). However, the number of children in kinship care has grown significantly in recent years. For example, the Illinois Department of Children and Family Services estimates that approximately one-third to one-half of children in out-of-home placements are in kinship care (Iglehart, 1994; Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994). Few studies have examined the psychosocial functioning of this group, but Dubowitz, Zuravin, Starr, Feigelman, & Harrington (1993) found rates of behavior problems among children in kinship care which were comparable to those found among children in foster care. We do not yet know how rates of service use by children in kinship care compare to those of children in traditional foster care.

This study compared mental health and developmental service use by young children under the age of six in foster and kinship care. The following questions were addressed: Do young children in traditional foster care, compared to young children in kinship care, receive more: (a) services in the specialty mental health sector; (b) services in the specialty developmental sector; and (c) mental health and developmental services in the medical sector?

Method

Subjects

This study was conducted in a large suburban eastern county. All families in the county who had children under the age of six legally placed with them for at least three months were identified. One child in each family was randomly selected for the study. Of the 110 eligible cases, 89 (81%) were interviewed by phone, 10 refused,

6 were unreachable, 4 had disconnected phones, and one parent did not speak English.

Measures

A new instrument, The Young Kids Early Services Assessment 1.0 (TYKES), was used (Clyman, unpublished). Different types of providers and programs were assessed individually: (a) specialty mental health services (outpatient contacts with psychiatrists, psychologists, social workers, and other therapists); (b) specialty developmental services (developmental screening, comprehensive developmental evaluations, early intervention programs, and outpatient contacts with physical therapists, occupational therapists, and speech and language therapists); and (c) outpatient contacts with pediatricians, family doctors, and medical specialists. Services delivered in schools were not included in these analyses. Caregivers were asked about all services that the child had ever received since being legally placed in their care.

Analysis Plan

Service utilization was examined separately within the mental health, developmental, and medical sectors. Because the distribution of services was truncated within each sector, we examined whether the child had one or more services within each sector (in comparison to not receiving any services while in the parent's care).

Statistical analyses included an initial comparison of the sociodemographic variables by placement group (foster vs. kinship care), using chi square or Fisher's Exact tests for the categorical variables and Wilcoxon Rank Sum tests for the continuous measures (see Table 1). This set of analyses allowed for the identification of covariates and confounding variables that were included as control variables. The next preliminary analyses considered the bivariate relationship between placement status and sector service use, broken down by age group (see Figures 1-3). The statistical test used to compare the foster and kinship groups on service use rates was the Pearson chi square or Fisher's Exact test statistic.

Table 1
Socio-Demographics of the Sample

	Foster Care (n=48)	Kinship Care (n=41)
Gender		
ns Female	46%	46%
Age ns		
Infant (0-1yr)	23%	15%
Toddler (2-3yrs)	48%	39%
Preschool (4-5yrs)	29%	46%
Race (child)		
ns African American	65%	73%
Race (parent)		
ns African American	56%	68%
Single-parent		
Yes ns	19%	27%
Caregiver education* **		
HS grad or less	**23%**	**63%**
Employment ns		
Full-time	56%	58%
Part-time	15%	7%
Not employed	29%	34%
Duration in care ns (days) (*M, SD*)	525(398)	635(362)
Life-time births** (number) (*M, SD*)	**2.1** (1.8)	**3.3** (2.0)
Life-time number foster children* (*M, SD*)	**13.1** (43.3)	**0.7** (2.2)
# Children <18 ns (*M, SD*)(in household)	3.1 (1.8)	2.9 (1.8)
Income*** (*M, SD*)(household)	**4,400** (1,420)	**2,400** (1,120)

*p<.05, **p<.01, ***p<.001, ns= nonsignificant

NOTE: The 4 significant variables in **bold (parental education, # life-time births, # life-time foster children, income)** were included as control variables. *Age* and *placement duration* (for conceptual reasons) were also controlled in the simultaneous logistic regressions.

Following these initial analyses, the core research questions were examined. The basic modeling strategy was the same for each of the three service sectors. Simultaneous multiple logistic regression procedures were computed to examine the cross-sectional relationship between service use and placement status and the control variables (all significant variables in Table 1 were included as controls). Model significance was based on the Log Likelihood statistic, whereas individual variable tests embedded within the overall model relied on the Wald chi square. Nominal alpha was set at $p = .05$, with values less than .10 cautiously interpreted as suggestive trends.

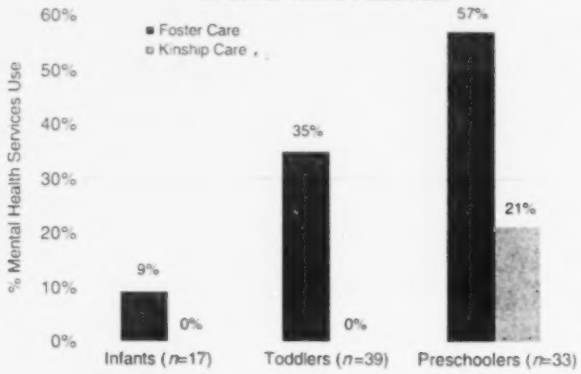
Results

Sociodemographic differences. As can be seen in Table 1, the kinship and foster care groups differed significantly on a number of variables. These variables were tagged as covariates or confounders and used as controls in later analyses.

Service use by sector by age group. Figures 1 to 3 present the results from analyses of placement group differences in service utilization, broken down by age group. The significant group differences observed in these figures do not reflect the inclusion of control variables.

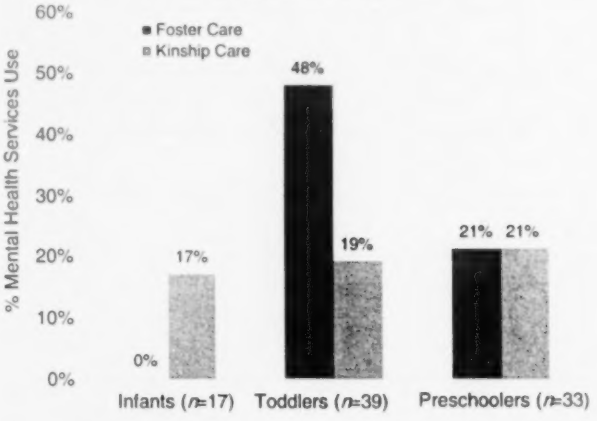
Multivariate models. Three logistic regressions were run, each time regressing the dichotomous service use measure on the key predictor variable, placement status, while controlling for duration in placement and the other control variables. Each overall model was significant. Children in traditional foster care arrangements had significantly higher rates of specialty mental health service use, reflected in an odds ratio of 12.8 ($p < .001$). For the other two service use domains, specialty developmental and medical sector, the placement variable did not attain statistical significance (perhaps in part due to relatively small sample), but demonstrated strong relationships as indexed by their odds ratios (1.7 and 2.7, respectively). Deleting the nonsignificant control variables from these models resulted in statistically significant placement group effects in the direction of each previous finding.

Figure 1
Mental Health Services Use by Children in Out-of-Home Placement



*p<.05, **p<.01
NS=Nonsignificant
Significance levels are from placement group x service use chi-square tests, within age group, (no covariates).
See Figure 4 for multivariate tests

Figure 2
Developmental Service Use by Children in Out-of-Home Placement



*p<.05, **p<.01
NS=Nonsignificant
Significance levels are from placement group x service use chi-square tests, within age group, (no covariates).
See Figure 4 for multivariate tests

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Discussion

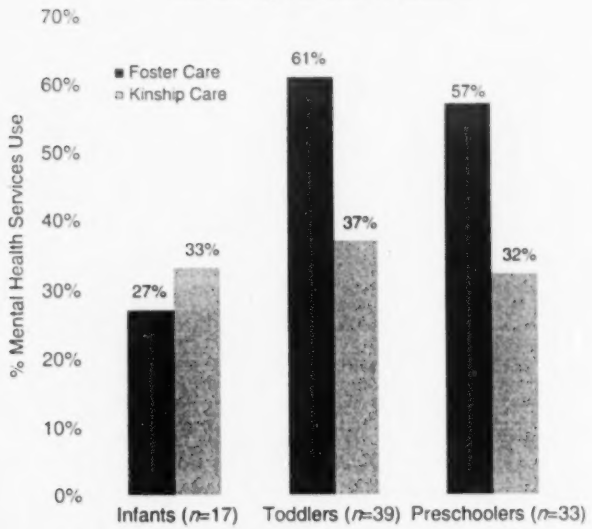
We found that young children in foster care were more likely than young children in kinship care to have received specialty mental health services. Controlling for socio-demographic variables, the odds ratio was 12.8, indicating a substantial relationship between placement status and service use in this sector.

Placement status was not significantly related to the use of specialty developmental services (OR = 1.7) nor use of mental health and developmental services in the medical sector (OR = 2.7) at the nominal alpha level. However, the magnitude of these latter associations with multivariate controls indicates a substantial relationship, highlighting the need for additional studies using larger samples.

Further research is needed to address the factors which differentially influence mental health service use for children in foster versus kinship care. Child factors (e.g., need for services), caregiver variables (e.g., help-seeking attitudes, differences in the stigma caregivers attach to child mental health services), family characteristics (e.g., relative social disadvantage and adversity), and service system factors (e.g., differential amount of contact with child welfare caseworkers, court orders for service use) may have effects on the rates of, and pathways into, mental health care for young children placed in foster and kinship care.

Finally, as child welfare systems increasingly place maltreated children with relatives, the differential impact on service use and behavioral outcomes will warrant close examination. Because early mental health and developmental problems are important predictors of later mental disorders, further research is needed in order to shape the development of rational systems of early intervention services for this growing, high-risk group of young children.

Figure 3
Physician Services for Behavioral/Developmental Concerns by Children in Placement



*p<.05, **p<.01
NS=Nonsignificant
Significance levels are from placement group x service use chi-square tests, within age group, (no covariates).
See Figure 4 for multivariate tests

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